

## 1. Overview of COVID-19 Response in Local Confinement Facilities

**Purpose:** This document is intended to provide a brief overview for local confinement facility administration and jail health staff of what to expect when a case or outbreak of coronavirus disease 2019 (COVID-19) is identified in their facility. For purposes of this document, a local confinement facility includes county, city, or regional jails, detention centers, or lockups.

Preparation: The North Carolina Department of Health and Human Services (NC DHHS) follows guidance available from the Centers for Disease Control and Prevention (CDC). It is strongly recommended that staff review this guidance and implement an infection prevention plan for your facility immediately. Establish relationships with your <u>local health department</u> to assure communication and up-to-date exchange of information.

**Background:** Space limitations in jails and detention centers may not allow for proper social distancing to be maintained. In addition, holding conditions, complexity of continual jail staff rotations, and frequent movement of detainees may facilitate transmission of COVID-19 in jails and detention centers. Because of the possibility for rapid spread of COVID-19 in local confinement facilities, immediate investigation and control measures should be taken when a detainee or staff member first begins to exhibit symptoms of respiratory illness and prior to confirmation of COVID-19.

Cases of COVID-19 in a local confinement facility are a serious public health concern. Two laboratory-confirmed COVID-19 cases identified within two incubation periods (28 days) in the same local confinement facility are considered a COVID-19 outbreak. From local confinement facilities, COVID-19 can spread to the community, the courts, and other congregate living facilities such as homeless shelters, and put a strain on local hospitals. In addition, the detainee population often contains individuals at high risk of developing severe illness after being infected with the virus.

## **Response Steps:**

- 1. Notify your local health department:
  - a. A confirmed or suspected case of COVID-19 in a detainee or staff of a local confinement facility should be immediately reported to your <u>local health department</u> for the county in which your facility is located.
- 2. Require staff and inmates to wear <u>masks or cloth face coverings</u> to reduce viral transmission:
  - a. To prevent the spread of COVID-19, masks should be worn by everyone in the facility (except those who have trouble breathing), even before any cases are found.
  - b. Provide cloth masks for detainees.
  - c. When working in direct contact with quarantined individuals or individuals who are suspected or confirmed COVID-19 positive, facility and transportation staff should also wear eye protection. Refer to CDC personal protective equipment (PPE) guidance for other situations such as temperature checks, food service, and cleaning the facility.
  - d. Educate staff and detainees on how to properly wear and take off the masks.
- 3. Follow NC DHHS and CDC guidance:

- a. Check <u>CDC guidance</u> for the most up-to-date infection prevention recommendations for correctional facilities and detention centers.
- b. <u>Medically isolate</u> COVID-19-positive individuals and suspected symptomatic individuals. Medical isolation is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected.
- c. <u>Quarantine</u> is used to keep someone who might have been exposed to COVID-19 away from others. <u>Quarantine close contacts</u> of COVID-19-positive individuals. Consider <u>quarantining</u> new detainees on intake to limit new cases.
- d. Temporarily stop movement (around the facility, transfers, in-person court appearances, and work assignments) of individuals who are confirmed or suspected COVID-19-positive until they are released from medical isolation.
- e. Monitor high-risk individuals for severe symptoms needing emergency medical care (trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake up or stay awake, bluish lips or face).
- f. Be prepared for potential staffing shortages and have a plan in place for finding more staff if needed. (See the "Infection Prevention Staffing Worksheet").
- 4. Test <u>symptomatic</u> staff and detainees and their <u>close contacts</u> for the virus (SARS-CoV-2) that causes COVID-19:
  - a. Consult with your local health department communicable disease nurse before conducting any testing of local confinement facility detainees or staff. To be effective at controlling the spread of COVID-19 in these facilities, testing must be paired with other infection control measures such as masking, social distancing, reduction in detainee population, cleaning and disinfection of high touch surfaces, and separation of positive individuals.
  - b. Since test results may take several days to be returned depending on laboratory capacity, treat symptomatic individuals as suspected positives until tests are resulted.
- 5. Guidance after testing:
  - a. Detainees testing positive for COVID-19:
    - i. Notify positive detainees of the results.
    - ii. Detainees with known or suspected COVID-19 should ideally be <u>medically</u> <u>isolated</u> in a private cell or as a group ("pod" or "cohort") in a designated location with separate bathroom, if private cells are not available.
    - iii. House individuals with lab-confirmed COVID-19 as a cohort, separate from people with suspected COVID-19 awaiting their test results.
    - iv. Symptomatic detainees and asymptomatic detainees should be supervised by a designated group of facility staff.
    - v. For COVID-19 positive detainees, <u>medical isolation</u> should continue until they meet the <u>CDC criteria for discontinuation of isolation</u>.
  - b. Staff testing positive for COVID-19:
    - i. Notify positive staff of the results and encourage sick staff to stay home.
    - ii. For COVID-19 positive staff, exclusion from work should continue until they meet the CDC criteria for return to work after medical isolation.